

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2009 FEB 13 PM 3:01

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR QUALITY HEALTH CARE

IMPORTANT: Indicate by # type of committee you are reporting for: 8
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged in	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Colleen Barnum
SIGNATURE OF PERSON FILING REPORT

712-263-4873
TELEPHONE

13 Feb 2009
DATE SIGNED

I AM FILING A January 19, 2009

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held
Crawford

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 1,878.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

\$ 3,115.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 4,993.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

\$ 4,479.59

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 513.41

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)**CITIZENS FOR QUALITY HEALTH CARE**

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
10-15-08	ID# CK#	Maclyn E. LaRue 35 N 22nd St. Denison, IA 51442		\$50.00	<input type="checkbox"/>
10-15-08	ID# CK#	Dr. John Ingram 2197 Denison Ridge Rd. Denison, IA 51442		500.00	<input type="checkbox"/>
10-15-08	ID# CK#	Dr. George P. Berry 709 Pleasant St. Denison, IA 51442		25.00	<input type="checkbox"/>
10-22-08	ID# CK#	Fundraising Donations		475.00	<input checked="" type="checkbox"/>
10-25-08	ID# CK#	Fundraising Donations		1,740.00	<input checked="" type="checkbox"/>
11-12-08	ID# CK#	Black Hills Corporation PAC P.O. Box 1400 - 625 Ninth St. Rapid City, SD 57709		200.00	<input type="checkbox"/>
11-12-08	ID# CK#	Allen Thams 618 N 24th St. Denison, IA 51442		100.00	<input type="checkbox"/>
11-12-08	ID# CK#	Ralph Borchering 1627 5th Ave. N. Denison, IA 51442		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 3,115.00

TOTAL (If last page of this schedule)

\$ 3,115.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE ICWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONEY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR QUALITY HEALTH CARE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-15-08	ID# CK#1002	Cable Channel 18 2712 K Ave. Denison, IA 51442	Cable t.v. ads	\$ 184.00
10-15-08	ID# CK#1003	Denison Bulletin 1410 Broadway Denison, IA 51442	Advertising	473.00
10-16-08	ID# CK#1004	KDSN Radio 1530 Ridge Rd. Denison, IA 51442	Advertising	449.50
10-17-08	ID# CK#1005	Denison Bulletin 1410 Broadway Denison, IA 51442	Advertising	281.00
10-21-08	ID# CK#1006	Denison Bulletin 1410 Broadway Denison, IA 51442	Advertising	216.00
10-24-08	ID# CK#1007	KDSN Radio 1530 Ridge Rd. Denison, IA 51442	Advertising	500.00
10-24-08	ID# CK#1008	Denison Bulletin 1410 Broadway Denison, IA 51442	Advertising	688.50
10-25-08	ID# CK#1009	Vail Observer 324 First St. - P.O. Box 150 Vail, IA 51467	Advertising	72.00
SUB-TOTAL				\$ 2,864.00
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR QUALITY HEALTH CARE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-25-08	ID# CK#1010	Manilla Times 459 Main St. Manilla, IA 51454	Advertising	\$ 192.00
10-25-08	ID# CK#1011	Mapleton Press 504 Main St. - P.O. Box 187 Mapleton, IA 51034	Advertising	369.75
11-04-08	ID# CK# 1012	Cable Channel 18 2712 K Ave. Denison, IA 51442	Cable t.v. advertising	120.00
11-06-08	ID# CK#1013	KDSN Radio 1530 Ridge Rd. Denison, IA 51442	Advertising	554.00
11-11-08	ID# CK#1014	Denison Bulletin 1410 Broadway Denison, IA 51442	Advertising	367.00
11-28-08	ID# CK#N/A	Crawfrd Co. Trust & Svgs Bank 21 N. Main St. Denison, IA 51442	Bank service charges	6.42
12-31-08	ID# CK#N/A	Crawfrd Co. Trust & Svgs Bank 21 N. Main St. Denison, IA 51442	Bank service charges	6.42
	ID# CK#			
SUB-TOTAL				\$ 1,615.59
TOTAL (If last page of this schedule)				\$ 4,479.59

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)